FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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June	30,2008 e burden
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	APPRODUCTION

SEC US	E ONLY
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DATE RE	CEIVED
1	1

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Soap Silly Bath & Body Filing Under (Check box(es) that apply): Rule 504 Rule 505 Z Rule 506 Section 4(6)	TI ULOE SEC Mail Processing
	Section
DD AND THE AND	OCESSED
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	1 2 3 2008 Washington, DC
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	MSON REUTERS 111
	Telephone Number (Including Area Code)
Address of Executive Offices (Number and Street, City, State, Zip Code)	661-670-0250
25253 Sagecrest Circle Stevenson Ranch, CA 91381 Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	
Brief Description of Business	
Manufacturer of handmade bath and body products for the bath and body industry	I I I I I I I I I I I I I I I I I I I
Type of Business Organization Corporation I limited partnership, already formed other (please
business trust limited partnership, to be formed	08053168
Month Year	
ACTION OF CONTINUED DATE OF GIOCOPOLICATION OF CHARMOMOCO. (1) 1(1) 1(1) 1 11/1 11/1 11/1 11/1 11/	mated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS	
17-days1.	
Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D 77d(6).	
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given which it is due, on the date it was mailed by United States registered or certified mail to that address.	p. A notice is deemed filed with the U.S. Securities pelow or, if received at that address after the date on
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manual photocopies of the manually signed copy or bear typed or printed signatures.	lly signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only repethereto, the information requested in Part C, and any material changes from the information previously support be filed with the SEC.	ort the name of the issuer and offering, any changes blied in Parts A and B. Part E and the Appendix need
Filing Fee: There is no federal filing fee.	
State:	
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the	Securities Administrator in each state where sales
to be so have been made. If a state requires the payment of a fee as a precondition to the cigin it	or the exemption, a fee in the proper without sim:
accompany this form. This notice shall be filed in the appropriate states in accordance with state law	. The Appendix to the notice constitutes a part of
this notice and must be completed. ATTENTION	
Sollings to tile action in the appropriate states will not result in a loss of the federal (exemption. Conversely, failure to file the
appropriate tederal notice will not result in a loss of an available state exemption unifiling of a tederal notice.	less such exemption is predictated on the

Persons who respond to the collection of information contained in this form are not

	<u> </u>	A. BASIC ID	ENTIFICATION DATA		<u> </u>
2. Enter the information re	quested for the fol	llowing:			
 Each promoter of t 	he issuer, if the iss	suer has been organized w	rithin the past five years;		
 Each beneficial ow 	ner having the pow	er to vote or dispose, or di	rect the vote or disposition	of, 10% or more of	f a class of equity securities of the issuer.
 Each executive off 	icer and director o	f corporate issuers and of	corporate general and mar	naging partners of	partnership issuers; and
 Each general and r 	nanaging partn e r o	f partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	✓ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)	***************************************	·		
Castillo, Johanna					
Business or Residence Addre		Street, City, State, Zip Co	ode)		· · · · · · · · · · · · · · · · · · ·
25253 Sagecrest Circle	Stevenson	Ranch, CA 91381		<u> </u>	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)	·····•	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)	· · · · · · · · · · · · · · · · · · ·		,	
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)		- <u></u>		
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(Use bla	nk sheet, or copy and use	additional copies of this s	heet, as necessary)

				•	В. В	NFORMAT	ION ABOU	T OFFERI	NG	• • •			
1	U.s. sh.s	ionnon oold		: : -		11	:	:	AL:			Yes	No
ì.	rias uic	issuer som	l, or does th			ıı, to non-a Appendix				_	••••••	X	
2.	What is	the minim	um investm			• •		_				s 250	0.00
4.	** Hat 13	the minim	um mvestm	ciit mat w	III DC ACCC	picu nom z	iny muivio	uai:	****************	***************	***************************************	y—— Yes	No
3.	Does th	e offering	permit joint	ownershi	p of a sing	le unit?		••••••••			•••••	R	
4.	commis If a pers or states	sion or sim on to be lis s, list the na	ion request ilar remuner ted is an ass ime of the bi you may se	ration for s ociated pe roker or de	olicitation rson or age aler. If mo	of purchase ent of a brok ore than five	ers in conne ter or deale e (5) persor	ection with r registered as to be list	sales of sec I with the S ed are asso	curities in t EC and/or	he offering. with a state		
Ful NA		Last name	fīrst, if indi	vidual)	·								•
		Residence	Address (N	umber and	Street Ci	ity State 7	in Code)						
		_				,, c, <u>-</u>	.						
Na	me of Ass	ociated Br	oker or Dea	aler									
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	States)	***************************************					***************************************	☐ Al	1 States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Ful	li Name (I	Last name	first, if indi	vidual)	·								
Bu	siness or	Residence	Address (N	lumber an	d Street, C	ity, State,	Zip Code)						
Na	me of Ass	sociated Br	oker or Dea	ıler							······································		
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	States)	***************************************						☐ Ai	l States
	AL IL MT RT	AK IN NE SC	AZ IA NV SD	AR (KS) NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Ful	l Name (Last name	first, if indi	vidual)									
Bu	siness or	Residence	Address (N	lumber an	d Street, C	ity, State,	Zip Code)		•				,, -
Na	me of Ass	ociated Br	oker or Dea	ıler									
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
			" or check						***************************************	******************		☐ Al	1 States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR

	C: OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box [] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Aggregate	Amount Aircady
	Type of Security	Offering Price	Sold
	Debt	00.0	s 0.00
	Equity	100,000.00	\$ 28,500.00
	[7] Common Preferred		
	Convertible Securities (including warrants)	s	\$
	Partnership Interests		\$
	Other (Specify	s	<u> </u>
	Total	s 100,000.00	\$_28,500.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
	the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Accredited Investors	Number Investors	Aggregate Dollar Amount of Purchases \$ 0.00
	Non-accredited Investors		s_28,500.00
	Total (for filings under Rule 504 only)	0	\$ 0.00
3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	NA	\$_0.00
	Regulation A	NA	\$_0.00
	Rule 504	NA	\$_0.00
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	3	, \$ 1,000.00
	Tongerfun Agentin Enge	1.2	n 🔈 -,

Transfer Agent's Fees \$_0.00 Printing and Engraving Costs $oldsymbol{\Lambda}$ \$_2,500.00 Legal Fees \$ 1,500.00 Accounting Fees \$_0.00 Engineering Fees \$_0.00 Sales Commissions (specify finders' fees separately) \$_0.00 Other Expenses (identify) 5,000.00 \mathbf{Z} Total

	b. Enter the difference between the aggregate offering price given in response to Part C — Question and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gros proceeds to the issuer."	s	\$
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used fo each of the purposes shown. If the amount for any purpose is not known, furnish an estimate an check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.	1	
		Payments to	
		Officers,	•
	•	Directors, & Affiliates	Payments to Others
	Salaries and fees		▽ \$ 0.00
	Purchase of real estate	_	Ø \$ 0.00
	Purchase, rental or leasing and installation of machinery	· • · · · · · · · · · · · · · · · · · ·	
	and equipment	Ø \$ 0.00	Z \$ 0.00
	Construction or leasing of plant buildings and facilities		≥ \$ 0.00
	Acquisition of other businesses (including the value of securities involved in this		
	offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	ra € 0.00	∠ \$ 0.00
			\$ 0.00
	Repayment of indebtedness		5 95,000.00
	Working capital	✓ \$ 0.00	✓ \$_0.00
	Other (specify):	<u> </u>	∑ 2 <u>0.00</u>
		m.e	
			· •
	Column Totals		5 95,000.00
	Total Payments Listed (column totals added)	⊘ \$ <u>9</u>	5,000.00
	D. FEDERAL SIGNATURE	,	·, · · · · · · · · · · · · · · · · · ·
sign	issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this noticature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Comminformation furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of	ission, upon writte	ale 505, the following on request of its staff
Issu	er (Print or Type)	Date On	
Soa	ap Silly Bath & Body	June (2008	
Nan	ne of Signer (Print or Type) Title of Signer (Print or Type)		

· ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE			
١.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	•	Yes	No K
	See Appendix, Column 5, for state response.			
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this no D (17 CFR 239.500) at such times as required by state law.	otice is file	ed a no	tice on Form
3.	. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, issuer to offerees.	informatic	n furn	ished by the
4.	. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer this exemption has the burden of establishing that these conditions have been satisfied.			
	sucr has read this notification and knows the contents to be true and has duly caused this notice to be signed on authorized person.	its bchalf	by the	undersigned
Issuer ((Print or Type) Signature Date			
Soap S	Silly Bath & Body June 🔏	2008		
Name ((Print or Type) Tatle (Print or Type)			

Instruction:

Johanna Castillo

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX 2 3 1 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of amount purchased in State offered in state investors in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes No **Investors** Investors Yes Amount Amount No AL AK ΑZ AR Common \$100000 CA \$0.00 18 \$10,750.00 × X CO CT DE DC FL GA НІ ID ΙL IN IA KS KY LA ME MD MA ΜI MN MS

APPENDIX I 2 3 4 5 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part C-Item 2) (Part C-Item 1) (Part E-Item 1) (Part B-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors Investors Yes No Amount Amount MO MT NE NV Common \$100000 X \$17,500.00 X \$0.00 16 NH NJ NM NY NC ND ОН OK OR PA RI SC SD TN TXUT VT VA WA wv WI

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				APP	ENDIX				
1	Intend to sell to non-accredited investors in State		Type of security and aggregate offering price offered in state	Type of investor and				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted)	
State	(Part E	No	(Part C-Item 1)	Number of Accredited Investors Amount Investors Number of Non-Accredited Number			Amount	(Part E	No
WY									
PR					<u> </u>				

